

STATE OF VERMONT

USDC - DVT
2:23-cv-569SUPERIOR COURT
Unit

DIVISION

Case No. _____

APPLICATION TO WAIVE FILING FEES AND SERVICE COSTS

Case Name

Frank Higley

VERMONT SUPERIOR COURT

MAY 30 2023

ORLEANS UNIT

Name: (First & Last)

Frank W. Higley 9985

Street Address:

NSCF 2559 96.2 rd

City/State/Zip:

Newport Vermont 08885

Mailing Address: (if different from street address)

Email Address: _____

Telephone Number: _____

Total Number Living in Household (spouse, partner & dependents)

518

Employment

Are you employed? Yes No If Yes, list Employers' Name & Address

Employer Name

Employer Address

Public Assistance:

Do you receive Public Assistance (including TANF/Reach UP; SSI, General Assistance)?

Type of Assistance: _____ Monthly Amount \$ _____

 Yes No

IF YOU RECEIVE PUBLIC ASSISTANCE, SKIP TO SIGNATURE SECTION

Income		Expenses	
Enter your monthly household expenses			
Your Current Monthly Income		Enter your monthly household expenses	
Gross Income from Wages	\$ 0	Rent or Mortgage Payment	\$ 0
Unemployment Compensation	\$ 0	Electric Service	\$ 0
Child Support	\$ 0	Phone	\$ 0
Other Income	\$ 0	Fuel (heat and/or gas)	\$ 0
(including Disability Insurance & Social Security)		Food	\$ 0
Self-Employment/Business Income \$ 0 (other than wages)		Clothing	\$ 0
Total Monthly Income \$ 0		Medical	\$ 0
Total Income in the past 12 months \$ 0		Child Support	\$ 0
		Auto Loan Payment	\$ 0
		Property Taxes	\$ 0
		Insurance (health, auto, etc.)	\$ 0
		Other Expenses	\$ 0
		Total Expenses	\$ 0

Other Assets

I have additional assets: Yes No *If Yes, describe them below*

Additional Information

These are additional reasons why I cannot afford the fees:

are additional reasons why I cannot afford the fees:
Incarcerated, no money, or jobs.

I request the Court waive filing fees and/or pay service fees in this case because of my low income.

I declare that the above statement is true and accurate to the best of my knowledge and belief. I understand that if the above statement is false, I will be subject to the penalty of perjury, or other sanctions in the discretion of the court.

Date

Applicant Signature

Printed Name

nted Name Franklin W. Brannon

Determination of Financial Eligibility

The Application is **DENIED**

The gross income of the applicant is greater than 150% of the poverty line, AND the applicant does not receive public assistance. The applicant is able to pay the filing fee and costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

YOU MUST PAY \$_____ TO THE COURT CLERK WITHIN 30 DAYS OR THE CASE WILL BE DISMISSED.

The Application is **GRANTED**

Applicant receives public assistance OR

The gross income of the applicant is at or below 150% of the poverty income guidelines. OR

Applicant is unable to pay the entire filing fee or costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

THE FILING FEES AND COSTS OF SERVICE ARE WAIVED.

Date

5/31/23

Signature of Clerk or Designee

Plaist ✓

Notice of Right to Appeal: You have the right to **appeal** this order to the Judge of this Court. Your appeal must be filed in writing with the Clerk of this Court within 7 days of the date of this Order.